2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03144904900
5/5/2003-92167-015-$50.00-$50.00

FILED
2003 OCT -3 PM 2:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007589

1. Entity Name
CHRIS REALTY GROUP LLC

Principal Place of Business	Mailing Address
7730 SW 68 TR MIAMI FL 33143	7730 SW 68 TR MIAMI FL 33143

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. BOX 832137	P.O. BOX 832137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33283-2137 Country: US	Zip: 33283-2137 Country: US

4. FEI Number 43-1959859 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLESTAS AND ASSOCIATES INC.
7730 S.W. 68TH TERRACE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: COMPLETE CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 7730 SW 68 TR
City: MIAMI FL Zip Code: 33143

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] A. BALLESTAS PRES. 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MAM. NAME ROSERO, DAVID STREET ADDRESS P.O. BOX 832137 CITY-ST-ZIP MIAMI, FL 33283-2137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)

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